

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	EFP	4-15-94
TYPIST	5U	4-18-94
VERIFIER	35714-19 357	04/19/94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

INDEX OF CLAIMS

Claim	Date
Final	
Original	4/12/94
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
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29	✓
30	✓
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SYMBOLS

✓ Rejected
= Allowed
-	(Through number) Canceled
+ Restricted
N Non-elected
I Interference
A Appeal
O Objected

Claim	Date
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